

## Virtua Continuity of Care Document

<b>Patient:</b>	Mary A Everyperson		
<b>Date of birth:</b>	July 4, 1943	<b>Sex:</b>	Female
<b>Patient's Address:</b>	Primary Home: 1 Main St Anytown, NJ 99999 Tel (Primary Home): +1-999-999-9999 Tel (Work Place): +1-999-999-9999 Email: EmailName@DomainName	<b>Patient Id</b>	080980 VirtuaMRN
<b>Document Id:</b>	db734647-fc99-424c-a864-7e3cda82e703		
<b>Document Created:</b>	October 21, 2010, 12:05:00, EST		
<b>Care provision</b>	Emergency from January 25, 2010, 10:00:00, EST to January 28, 2010, 18:00:00, EST		
<b>Healthcare provider</b>			
<b>Author:</b>	Virtua		
<b>Address:</b>	Virtua Address Line VirtuaCity, NJ 99999 Tel (Work Place): +1-301-555-1212		
<b>Next of kin</b>	Harold M Everyperson		
<b>Address:</b>	Primary Home: 1 Main St Anytown, NJ 99999 Tel: +1-999-999-9999		
<b>Signed by :</b>	Generated summary report Virtua of Virtua intended on October 21, 2010, 12:05:00, EST		
<b>Address:</b>	Virtua Address Line VirtuaCity, NJ 99999 Tel (Work Place): +1-301-555-1212		
<b>Document stored by:</b>	Virtua		
<b>Address:</b>	Virtua Address Line VirtuaCity, NJ 99999 Tel (Work Place): +1-301-555-1212		

## Table of Contents

- [Allergies and Alert Problems](#)
- [Conditions or Problems](#)
- [Results](#)
- [Procedures](#)
- [Encounters](#)
- [Insurance Payers](#)

**Allergies and Alert Problems**

Substance	Reactions	Severity	Date of onset	Comments
IVP dye	anaphylaxis	High	2010	Allergy is is very severe...

**Conditions or Problems**

Condition	Code System	Code	Date of onset
Hypertension	ICD-9	401	October 21, 2009
Depression	ICD-9	331	

Accident Type	Accident Description	Date of onset
Car Accident	Trauma...	October 10, 2010

**Results**

Note: Only the the most recent three laboratory result values of each type are listed below:

**Chem-Glucose POC Results**

Result		1/27/2010 9:10	1/26/2010 22:00	1/26/2010 15:29
<b>Chem-Glucose POC</b>	(90-120)	140 mg/dL <b>H</b>	120 mg/dL <b>H</b>	90 mg/dL

**Coagulation**

Result		1/26/2010 7:30
<b>Prothrombin Time</b>	(9.0-12.1)	15.9 sec <b>H</b>
<b>INR</b>		1.5 sec
<b>PTT</b>	(25.0-38.0)	25.4 sec

**Chem-General Results**

Result		1/27/2010 15:20	1/27/2010 7:30	1/26/2010 21:45
<b>Sodium</b>	(136-145)	137 mmol/L	138 mmol/L	137 mmol/L
<b>Potassium</b>	(3.5-5.1)	4.7 mmol/L	4.4 mmol/L	4.3 mmol/L
<b>Chloride</b>	(98-107)	103 mmol/L	104 mmol/L	104 mmol/L

Note: Only the the most recent radiology reports of each type are listed below:

**Radiology Reports****1/26/2010 13:09**

VIRTUA

PROCEDURE: ADX6544 - WRIST ROUTINE MIN 3 VIEW LT

DATE OF EXAM: 26-Jan-2010 1:09PM RIS ORDER NO: 90001 CPT:

HISTORY: Pain/trauma.

nondisplaced fracture of the distal left radius. The remaining bones appear intact. The carpal bones are intact.

IMPRESSION: Nondisplaced fracture of the distal left radius.

Transcriptionist:  
CR2

Dictated Date:  
26-Jan-2010

**Radiology Reports**

Transcribe Date/Time:  
26-Jan-2010 2:51P  
Read By: Dr. Avicenna M.D.

Signed By:  
Dr. Avicenna M.D.  
Professional Codes: \

**1/26/2010 20:09**

PROCEDURE: CDX2050 - SPINE CERVICAL COMP MIN 4 VIEW  
ORDERING DOCTOR: Hippocrates, Doctor M.D.  
DATE OF EXAM: 26-Jan-2010 8:09PM RIS ORDER NO: 90001 CPT: 72050  
HISTORY: Trauma.  
FINDINGS: Five views of the cervical spine demonstrate normal alignment and stature of the cervical vertebral bodies. The disc spaces are preserved. The neural foramina are largely patent. Carotid vascular calcification is seen in the left neck.

IMPRESSION: No acute fracture.  
Transcriptionist:  
KP1

Dictated Date:  
26-Jan-2010

Transcribe Date/Time:  
26-Jan-2010 11:47A

Read By: Doctor Avicenna M.D.

Signed By:  
Doctor Avicenna M.D.  
Professional Codes: 959.09-1403

Note: Only the the most recent cardiology reports of each type are listed below:

**Cardiology Reports****1/26/2010 12:58**

Virtua Berlin  
100 Townsend Avenue  
Berlin, NJ 08009  
(856)322-3000  
Transthoracic Echocardiogram  
2D, M-mode, Doppler, and Color Doppler  
Name:  
MR #:  
Account #:  
Study date: 26-Jan-2010  
DOB: NA  
Age: 67 years  
Gender: Female  
Height:  
Weight:  
BSA:  
Cardiac : Clerk Cardiology  
Interpreting Cardiologist: Scott L. Avicenna, D.O.

### Cardiology Reports

#### Summary:

- Procedure information: This was a technically difficult study. Echocardiographic views were limited by poor acoustic window availability.

- Left ventricle: Systolic function was normal by visual assessment. Ejection fraction was estimated to be 60 %. Wall thickness was mildly increased. Hypertrophy was noted. Doppler parameters were consistent with abnormal left ventricular relaxation (grade 1 diastolic dysfunction).

- Aortic valve: The valve was probably trileaflet. Leaflets exhibited mildly increased thickness, normal cuspal separation, good mobility, and sclerosis. Comparisons: The previous study was not available for direct comparison.

History: Consistent with transient ischemic attack or stroke. Prior history: Atrial fibrillation. Risk factors: hypertension. Diabetes. Chronic lung disease. Procedure: The transthoracic approach was used. The study included complete 2D imaging, M-mode, complete spectral Doppler, and color Doppler. Echocardiographic views were limited by poor acoustic window availability. This was a technically difficult study. Left ventricle: Size was normal. Systolic function was normal by visual assessment. Ejection fraction was estimated to be 60 %. Wall thickness was mildly increased. Hypertrophy was noted. Doppler: Doppler parameters were consistent with abnormal left ventricular relaxation (grade 1 diastolic dysfunction). Aortic valve: The valve was probably trileaflet. Leaflets exhibited mildly increased thickness, normal cuspal separation, good mobility, and sclerosis. Doppler: Transaortic velocity was minimally increased. There was no stenosis. There was no regurgitation. Mitral valve: Valve structure was normal. There was normal leaflet separation. Doppler: There was no regurgitation. Left atrium: Size was normal. Atrial septum: No defect or patent foramen ovale was identified. Right ventricle: The size was normal. Systolic function was normal. Wall thickness was normal. Pulmonic valve: Not well visualized. Tricuspid valve: Not well visualized. Doppler: There was no evidence for tricuspid stenosis. There was no regurgitation. Right atrium: Size was normal. Systemic veins: IVC: The inferior vena cava was normal in size and course. Respirophasic changes were normal. Pericardium: There was no thickening or calcification. There was no pericardial effusion.

#### System measurement tables

##### CW

AV Env.Ti: 221.81 ms  
 AV VTI: 33.49 cm  
 AV Vmax: 1.8 m/s  
 AV Vmean: 1.51 m/s  
 AV maxPG: 12.97 mmHg  
 AV meanPG: 9.54 mmHg

##### PW

MV A Vel: .95 m/s  
 MV Dec Slope: 2.9 m/s<sup>2</sup>  
 MV DecT: 171.08 ms  
 MV E Vel: .5 m/s  
 MV E/A Ratio: .52

Prepared and signed by  
 Doctor L. Avicenna, D.O.

**1/27/2010 12:58**

Virtua Voorhees  
 101 Carnie Blvd  
 Voorhees, NJ 08043

**Cardiology Reports**

(856)325-3000

Transthoracic Echocardiogram

2D, M-mode, Doppler, and Color Doppler

Patient:

MR #:

DOB: NA

Age: 67 years

Gender: Female

Study date: 27-Jan-2010

Account #:

Ht-Wt-BSA: 62 in- 144.8 lb- 1.67 m-?

Location: VEDH-H

Accession #: 4\_49257

Interpreting Cardiologist: Doctor C. Hippocrates, M.D.

Cardiac : Sonographer

Reason for study: Assess left ventricular function.

**SUMMARY:**

- Left ventricle:

- Systolic function was normal. Ejection fraction was estimated in the range of 55 % to 60 %.

- Atrial septum:

- There was no left-to-right shunt and no right-to-left shunt.

HISTORY: PRIOR HISTORY: Patient has no history of cardiovascular disease.

PROCEDURE: The procedure was performed in the echo lab. This was a routine study. The transthoracic approach was used. The study included complete 2D imaging, M-mode, complete spectral Doppler, and color Doppler.

LEFT VENTRICLE: Size was normal. Systolic function was normal. Ejection fraction was estimated in the range of 55 % to 60 %. Wall thickness was normal.

AORTIC VALVE: The valve was trileaflet. DOPPLER: There was no stenosis. There was no regurgitation.

AORTA: The root exhibited normal size. The ascending aorta was normal in size.

MITRAL VALVE: No echocardiographic evidence for prolapse. DOPPLER: There was no evidence for stenosis. There was trivial regurgitation.

LEFT ATRIUM: Size was normal.

ATRIAL SEPTUM: There was no left-to-right shunt and no right-to-left shunt.

PULMONARY VEINS: Not well visualized.

RIGHT VENTRICLE: The size was normal. Systolic function was normal.

PULMONIC VALVE: DOPPLER: There was no stenosis. There was trivial regurgitation.

PULMONARY ARTERY: The size was normal. DOPPLER: Systolic pressure was within the normal range.

TRICUSPID VALVE: DOPPLER: There was no evidence for tricuspid stenosis. There was trivial regurgitation.

RIGHT ATRIUM: Size was normal.

PERICARDIUM: There was no pericardial effusion.

**SYSTEM MEASUREMENT TABLES**

2D

Ao asc: 2.5 cm

CW

TR Vmax: 2.1 m/s

TR maxPG: 17.3 mmHg

MM

Ao Diam: 2.5 cm

EF(Teich): 60.4 %

IVSd: 0.7 cm

LA Diam: 3.2 cm

LVIDd: 4.6 cm

**Cardiology Reports**

LVIDs: 3.1 cm  
LVPWd: 0.8 cm  
PW  
E/E': 7.2  
MV PHT: 60.4 ms  
MVA By PHT: 3.6 cm<sup>2</sup>  
Prepared and signed by  
Doctor C. Hippocrates, M.D.

Note: All the transcription reports for this encounter are listed below:

**Transcription Reports****Consultation****1/28/2010 10:15**

VIRTUA  
WEST JERSEY HOSPITAL VOORHEES NJ  
101 Carnie Boulevard  
REPORT OF CONSULTATION

PATIENT NAME: Everyperson, FirstName ROOM: V5B V510P

CONSULTATION DATE: 01/28/2010 M/R#: 999999

ATTENDING PHYSICIAN:

CONSULTING PHYSICIAN: Hippocrates, M.D.

REFERRING PHYSICIAN:

REFERRING PHYSICIAN: Avicenna, M.D.

Reason for Consultation: Hypertension and tachycardia.

History of Present Illness: The patient is a 67-year-old female who Dr. Avicenna asked me to evaluate due to hypertension and tachycardia. She is morbidly obese, has Crohn's disease and asthma, multiple admissions for asthma and also incision and drainage of perirectal and groin abscesses. She has a history of having a catheterization in 2007 showing normal coronary arteries. Echos have shown no significant abnormalities as well.

She denies chest pain, shortness of breath, PND, or orthopnea, but does have intermittent edema.

Past Medical History: As above. Also with reflux, ulcerative colitis, restless leg syndrome, peripheral neuropathy, morbid obesity, carpal tunnel syndrome, hernia repair.

Allergies: Avelox, Bactrim, Cipro, clindamycin, Diflucan, doxycycline, Keflex, Lamisil, oxycodone, Percocet.

Medications on Admission:

1. Plavix.
2. Trileptal.
3. Prilosec.
4. Elavil.

### Transcription Reports

5. Ambien.
6. Singular.
7. Requip.
8. Clonidine.
9. Pentasa.
10. Cozaar.
11. Neurontin.
12. Allegra.
13. Reglan.
14. Actos.
15. Bumex.
16. Prandin.
17. Theophylline.
18. Lantus.
19. Humulin.

Review of Systems: No fever, chills, sweats, nausea, vomiting, or diarrhea. No chest pain. Positive shortness of breath with exertion. No PND, orthopnea. Positive edema, positive arthralgias. No myalgias. No neuralgias. No visual changes, hearing change, speech changes. Positive abscesses as above. No bright red per rectum, hematuria.

Family History: Noncontributory.

Social History: No alcohol or tobacco.

#### Physical Examination:

VITAL SIGNS: Blood pressure is 152/81 with a pulse of 127, respirations 18. She is afebrile.

GENERAL: Morbidly obese female in no acute distress.

HEENT: Pupils are equal, round, sclerae anicteric.

Oropharynx moist mucous membranes.

NECK: No JVD or carotid bruits.

HEART: Normal S1, S2 without murmurs.

LUNGS: Clear.

ABDOMEN: Soft with normal bowel sounds.

EXTREMITIES: No clubbing, cyanosis, with positive edema. NEUROLOGIC: Nonfocal.

SKIN: No rash.

Diagnostic Studies: Echocardiogram from last admission shows normal LV systolic function without valvular abnormality.

Laboratory Studies: White blood cell count 9.3, hemoglobin 13.2, platelets of 354,000, INR 1.1, glucose 444, sodium 133, potassium 3.3, chloride 5, bicarbonate 27, BUN 18, creatinine 1. BNP of 187. This is from 01/14/10.

Impression: A 67-year-old female with ulcer of colitis, asthma, and normal left ventricular function. No significant coronary disease. Admitted for possible incision and drainage of abscesses. She is on Plavix for unclear reasons. There is no cardiac indication for Plavix therapy. Her tachycardia is likely multifactorial due to her underlying pulmonary disease, and theophylline therapy as well as ongoing infection and chronic medical illness with Crohn's disease.

#### Recommendations:

1. Check theophylline level.
2. Continue outpatient antihypertensive medical regimen including clonidine/ losartan.
3. Hold Bumex for now.

**Transcription Reports**

4. Replete electrolytes.
5. No cardiac contraindications undergoing surgery for abscess.
6. No need to repeat echo at this time.

---

Hippocrates, M.D.

SS/dsk/mls 1810866

BY: / dsk

DD: 01/26/2010 9:40 A

DT: 01/26/2010 12:47 P

cc: Avicenna, M.D.

CONSULTING PHYSICIAN: Hippocrates, M.

**Consultation****1/26/2010 12:58**

VIRTUA

WEST JERSEY HOSPITAL VOORHEES NJ

101 Carnie Boulevard

REPORT OF CONSULTATION

PATIENT NAME: Everyperson, FirstName ROOM: V5B V510P

CONSULTATION DATE: 01/26/2010 M/R#: 999999

ATTENDING PHYSICIAN:

CONSULTING PHYSICIAN: Hippocrates, M.D.

REFERRING PHYSICIAN:

REFERRING PHYSICIAN: Avicenna, M.D.

Reason for Consultation: Hypertension and tachycardia.

History of Present Illness: The patient is a 67-year-old female who Dr. Avicenna asked me to evaluate due to hypertension and tachycardia. She is morbidly obese, has Crohn's disease and asthma, multiple admissions for asthma and also incision and drainage of perirectal and groin abscesses. She has a history of having a catheterization in 2007 showing normal coronary arteries. Echos have shown no significant abnormalities as well.

She denies chest pain, shortness of breath, PND, or orthopnea, but does have intermittent edema.

Past Medical History: As above. Also with reflux, ulcerative colitis, restless leg syndrome, peripheral neuropathy, morbid obesity, carpal tunnel syndrome, hernia repair.

Allergies: Avelox, Bactrim, Cipro, clindamycin, Diflucan, doxycycline, Keflex, Lamisil, oxycodone, Percocet.

### Transcription Reports

#### Medications on Admission:

1. Plavix.
2. Trileptal.
3. Prilosec.
4. Elavil.
5. Ambien.
6. Singular.
7. Requip.
8. Clonidine.
9. Pentasa.
10. Cozaar.
11. Neurontin.
12. Allegra.
13. Reglan.
14. Actos.
15. Bumex.
16. Prandin.
17. Theophylline.
18. Lantus.
19. Humulin.

Review of Systems: No fever, chills, sweats, nausea, vomiting, or diarrhea. No chest pain. Positive shortness of breath with exertion. No PND, orthopnea. Positive edema, positive arthralgias. No myalgias. No neuralgias. No visual changes, hearing change, speech changes. Positive abscesses as above. No bright red per rectum, hematuria.

Family History: Noncontributory.

Social History: No alcohol or tobacco.

#### Physical Examination:

VITAL SIGNS: Blood pressure is 152/81 with a pulse of 127, respirations 18. She is afebrile.  
GENERAL: Morbidly obese female in no acute distress.  
HEENT: Pupils are equal, round, sclerae anicteric.  
Oropharynx moist mucous membranes.  
NECK: No JVD or carotid bruits.  
HEART: Normal S1, S2 without murmurs.  
LUNGS: Clear.  
ABDOMEN: Soft with normal bowel sounds.  
EXTREMITIES: No clubbing, cyanosis, with positive edema. NEUROLOGIC: Nonfocal.  
SKIN: No rash.

Diagnostic Studies: Echocardiogram from last admission shows normal LV systolic function without valvular abnormality.

Laboratory Studies: White blood cell count 9.3, hemoglobin 13.2, platelets of 354,000, INR 1.1, glucose 444, sodium 133, potassium 3.3, chloride 5, bicarbonate 27, BUN 18, creatinine 1. BNP of 187. This is from 01/14/10.

Impression: A 67-year-old female with ulcer of colitis, asthma, and normal left ventricular function. No significant coronary disease. Admitted for possible incision and drainage of abscesses. She is on Plavix for unclear reasons. There is no cardiac indication for Plavix therapy. Her tachycardia is likely multifactorial due to her underlying pulmonary disease, and theophylline therapy as well as ongoing infection and chronic medical illness with Crohn's disease.

**Transcription Reports**

## Recommendations:

1. Check theophylline level.
2. Continue outpatient antihypertensive medical regimen including clonidine/ losartan.
3. Hold Bumex for now.
4. Replete electrolytes.
5. No cardiac contraindications undergoing surgery for abscess.
6. No need to repeat echo at this time.

---

Hippocrates, M.D.

SS/dsk/mls 1810866

BY: / dsk

DD: 01/26/2010 9:40 A

DT: 01/26/2010 12:47 P

cc: Avicenna, M.D.

CONSULTING PHYSICIAN: Hippocrates, M.

**Procedures**

Procedure	Date
Knee Replacement	10/06/2008

**Encounters**

Encounter Type	Location	Date	Account Number
Emergency	Virtua Clinic	1/25/2010 - 1/28/2010	9898-8988

**Insurance Payers**

Payer Name/Contact	Priority	Group Id	Covered Party Id	Covered Party Name/Relationship	Covered Party Date of Birth
Good Health 99 Main St. Anytown, NH 978-555-1234	Primary	1111	G-0980	Everyperson, Harold M./Spouse	11/12/1944
Metropolitan Health 1 Elm St. Anytown, NH 603-555-1212	Secondary	2222	M-987987	Everyperson, Mary A./Self	7/04/1943